



This form must be submitted to the CAS Advisor/Supervisor before any new experience/project may be



CAS: Experience Proposal Form

undertaken.			
Name:		Date:	
Proposed CAS experience	ce :		
Nature of Experience: C	reativity / Activity / Servi	ce	
Brief description of the	CAS experience:		
Targeted Learning Outco	omes and goals to be achi	ieved:	
Location of CAS experie	nce:		
Time Scheduled of Expe	rience: From:		to
Name of Adult Supervis	or/Advisor:	Sta	aff of GDGWS: Yes /No
Signature	Phone Number	E-mail	
authentic evidence a parent permission a experiences. (G D G	and reflection after comp and an adult supervisor	oleting the experience at all CAS endeavo s not officially sponso	before starting and will produce. I will also be responsible to have rs that are not school-sponsored r any outside CAS experiences and
Candidate Signature			
To be completed by CAS Coordinator			
This experience is approved/ not approved until the following changes are made:			
Signature of IBDP CAS C	oordinator	Date:	
Jinas Panicker(jinas.pan	icker@gdgoenka.ac.in)		